

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10/716652

FILED DATE

APPLICANT

2104/15 CLAIMS

| | AS FILED | | IDENTITY DEPENDENT | | ADDITIONAL DEPENDENT | |
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| | NO | DEP | NO | DEP | NO | DEP |
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| TOTAL NO. | 1 | | 1 | | 1 | |
| TOTAL DEP. | 51 | | 6 | | 28 | |
| TOTAL CLAIMS | 60 | | 7 | | 29 | |

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| TOTAL NO. | | | | | | |
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